

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) **RECEIVED**

OCT 25 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name of partne	rship. Jirm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165(Fax	e-mail_attys@l	biancopa.com
III. This statement covers: (Ch reportable expense transaction			ay file a separate report fo
X All reportable transactions of	ccurring in the months prior to	the reporting date relative to the	he following client:
American Cancer Socie	ety Cancer Action Netw	ork	
	ne of Client as it appears on the Lo	obbyist Registration Form)	 - ·
OR All reportable transactions by unrelated to any particular client		obyist's family), or the lobbyin	g firm listed below which ar
IV. Date of Report April 26 Reports cover: activity from date	5, 2017 The of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/1	7
	· 25, 2017 X! m 7/1/17 to 9/30/17	January 31, 2018 uctivity from 10/1/17 to 12/3	1/17
V. There have been no fees of this box is checked, complete j Concord, NII 03301.			
VI. Check if additional reports	are attached:		
If you have received fees or	made expenditures, you must l	file Addendum A – Fees and E	Expenses
If you have paid an honorari Expense Reimbursement	um or reimbursed expenses. yo	ou must lile Addendum B- R	eport of Honorariums or
[If you, your lirm, or your far	mily has made political contrib	utions, you must file Addend	um C Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k (Signature of lobbyist) James J. Bianco, Jr.	RSA 14-C and RSA 664 and h	hereby swear or affirm that the $\frac{10125}{0.000}$	foregoing information is true

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	e of Lobbying partnership. firm, or corporation: Bianco Professional Association					
Name of Client (leave b	olank if Statement is fo		corporation and not related to any			
Date of Report (check o	one):					
April 26. 2017 □	July 26, 2017 🗆	October 25, 2017 🔀	January 31, 2018 □			
	ms submitted with th		nd Expenses described above, and umber of Addendum forms being			
Addendum B(si						
Addendum C(s).					
I hereby swear or affirm complete to the best of (Signature of lobbyist)			nt and each Addendum is true and			
Karen Soucy						
(Print Name of lobbyist)					

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Kathy Corey Fox

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnersbip, firm, or corporation: Bianco Professional Association Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Cancer Society Cancer Action Network Date of Report (check one): April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 19 actober 2017 (Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	ration: Bianco Profess	sional Association		
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Cancer Society Cancer Action Network					
Date of Report (check o	ne):				
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗶	January 31, 2018 □		
			nd Expenses described above, and umber of Addendum forms being		
Addendum A(s)					
Addendum B(s)					
Addendum C(s)					
I hereby swear or affirm complete to the best of a (Signature of lobbyist)			nt and each Addendum is true and LOUGUT (Date)		
Adam Schmidt					
(Print Name of lobbyist)				